



## THE COTSWOLD SCHOOL – POLICY APPENDIX

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### **CHILD PROTECTION RECOGNITION & PROCEDURES**

#### **Categories of Abuse:**

- ✓ Physical Abuse
- ✓ Emotional Abuse (including Domestic Abuse)
- ✓ Sexual Abuse
- ✓ Neglect

#### **Signs of Abuse in Children:**

The following non-specific signs may indicate something is wrong:

- ✓ Significant change in behaviour
- ✓ Extreme anger or sadness
- ✓ Aggressive and attention-seeking behaviour
- ✓ Suspicious bruises with unsatisfactory explanations
- ✓ Lack of self-esteem
- ✓ Self-injury
- ✓ Depression
- ✓ Age-inappropriate sexual behaviour
- ✓ Child Sexual Exploitation.

#### **Risk Indicators**

The factors described in this section are frequently found in cases of child abuse.

Their presence is not proof that abuse has occurred, but:

- ✓ Must be regarded as indicators of the possibility of significant harm
- ✓ Justifies the need for careful assessment and discussion with designated/named/lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- ✓ May require consultation with and/or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- ✓ Appear frightened of the parent/s
- ✓ Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- ✓ Persistently avoid child health promotion services and treatment of the child's episodic illnesses

- ✓ Have unrealistic expectations of the child
- ✓ Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- ✓ Be absent or misusing substances
- ✓ Persistently refuse to allow access on home visits
- ✓ Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

## **Recognising Physical Abuse**

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

## **Bruising**

Children can have accidental bruising, but the following must be considered as non-accidental, unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

## **Bite Marks**

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

## **Burns and Scalds**

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.



## **Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life

## **Scars**

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

## ***Recognising Emotional Abuse***

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self esteem and lack of confidence
- Withdrawn or seen as a "loner" - difficulty relating to others

## ***Recognising Signs of Sexual Abuse***

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Staff are aware of the physical indicators associated with this form of abuse.

## **Sexual Abuse by Young People**

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour, such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

We recognise that there may be a need for some form of behaviour management or intervention to deal with the negative effects of Inappropriate Sexual Behaviour.

Abusive sexual activity includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

### **Assessment**

In order to more fully determine the nature of the incident the following factors should be given consideration:-

The presence of exploitation in terms of:

- **Equality** - consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** - agreement including all the following:
  - Understanding that is proposed based on age, maturity, development level, functioning and experience
  - Knowledge of society's standards for what is being proposed
  - Awareness of potential consequences and alternatives
  - Assumption that agreements or disagreements will be respected equally
  - Voluntary decision
  - Mental competence
- **Coercion** - the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

Further information and advice is available in the GSCB Guidance.

### ***Recognising Neglect***

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- ✓ Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- ✓ A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- ✓ Failure of child to grow within normal expected pattern, with accompanying weight loss
- ✓ Child thrives away from home environment
- ✓ Child frequently absent from school
- ✓ Child left with adults who are intoxicated or violent
- ✓ Child abandoned or left alone for excessive periods

## **Child Sexual Exploitation**

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

## **PEER-ON-PEER ABUSE**

### **The safeguarding implications of sexual activity between young people'**

The intervention of child protection agencies in situations involving sexual activity between children can require difficult professional judgments. Some situations are statutorily clear - for example, a child under the age of 13 cannot consent to sexual activity. But it will not necessarily be appropriate to initiate safeguarding procedures where sexual activity involving children and young people below the age of legal consent (16 years) comes to notice. In our society generally the age at which children become sexually active has steadily dropped. It is important to distinguish between consensual sexual activity between children of a similar age (where at least one is below the age of consent), and sexual activity involving a power imbalance, or some form of coercion or exploitation. It may also be difficult to be sure that what has or has been alleged to have taken place definitely does have a sexual component.

As usual, important decisions should be made on a case by case basis, on the basis of an assessment of the children's best interests. Referral under safeguarding arrangements may be necessary, guided by an assessment of the extent to which a child is suffering, or is likely to suffer, significant harm.

Key specific considerations will include:

- ✓ The age, maturity and understanding of the children;
- ✓ Any disability or special needs of the children;
- ✓ Their social and family circumstance;
- ✓ Any evidence in the behaviour or presentation of the children that might suggest they have been harmed;
- ✓ Any evidence of pressure to engage in sexual activity;
- ✓ Any indication of sexual exploitation.

There are also contextual factors. Gender, sexuality, race and levels of sexual knowledge can all be used to exert power. A sexual predator may sometimes be a woman or girl and the victim a boy.

## **Prevention**

As a school we will minimise the risk of allegations against other pupils by:-

- ✓ Providing a developmentally appropriate PSHE syllabus which develops students understanding of acceptable behaviour and keeping themselves safe
- ✓ Having systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued
- ✓ Delivering targeted work on assertiveness and keeping safe to those pupils identified as being at risk
- ✓ Developing robust risk assessments & providing targeted work for pupils identified as being a potential risk to other pupils.

## **Allegations against other pupils which are safeguarding issues**

Examples of safeguarding issues against a student could include:

### **Physical Abuse**

- ✓ Violence, particularly pre-planned
- ✓ Forcing others to use drugs or alcohol

### **Emotional Abuse**

- ✓ Blackmail or extortion
- ✓ Threats and intimidation

### **Sexual Abuse**

- ✓ Indecent exposure, indecent touching or serious sexual assaults
- ✓ Forcing others to watch pornography or take part in sexting

### **Sexual Exploitation**

- ✓ Encouraging other children to engage in inappropriate sexual behaviour ( For example - having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight)
- ✓ Photographing or videoing other children performing indecent acts

## Procedure

When an allegation is made by a pupil against another student, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the Designated Safeguarding Lead (DSL) should be informed.

- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances
- The DSL should contact the Children and Young People Services(CYPS) to discuss the case. The DSL will follow through the outcomes of the discussion and make a referral where appropriate.
- If the allegation indicates that a potential criminal offence has taken place, CYPS will refer the case to the multi-agency agency safeguarding hub where the police will become involved.
- Parents, of both the student being complained about and the alleged victim, should be informed and kept updated on the progress of the referral.
- The DSL will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils' files.
- It may be appropriate to exclude the pupil being complained about for a period of time according to the school's behaviour policy and procedures.
- Where neither social services nor the police accept the complaint, a thorough school investigation should take place into the matter using the school's usual disciplinary procedures.
- In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan.
- The plan should be monitored and a date set for a follow-up evaluation with everyone concerned.

## **THE PREVENT DUTY - Procedure if you have concern:**

### **RADICALISATION**

If the school staff are concerned that a student is vulnerable to radicalisation, they will

- ✓ Follow the school's normal safeguarding procedures
- ✓ Refer to the Channel programme
- ✓ The school will always liaise with other agencies – Local Safeguarding board and the police.

### **OTHER RISKS**

If a member of The Cotswold School suspects, or it is alleged, that any of the following has happened or there is an immediate such risk to a child, the school's Safeguarding procedures should be followed and immediate referrals made to the DSL, CYPS and Police.

#### **Honour Based Violence**

Honour Based Violence (HBV) is a collection of practices used to control behaviour within families to protect perceived cultural or religious beliefs and honour. Violence can occur when offenders perceive that a relative has shamed the family or community by breaking their 'code of honour'.

Honour Based Violence cuts across all cultures and communities: Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, Southern and Eastern European for example.

We recognise that this is not an exhaustive list. Where a culture is heavily male dominated, HBV may exist.

#### **Forced Marriage**

A marriage in which one of both spouses do not (or, in the case of some vulnerable adults, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.

#### **Female Genital Mutilation (FGM)**

The partial or complete removal, or modification of, the female genitalia for cultural or religious reasons. In most cases, FGM can be seen as an attempt to prevent female infidelity and sexual independence by reducing a woman's sex drive.

#### **Domestic Violence**

If professionals become aware that a child or young person is witnessing domestic abuse they should always follow their child protection process.

To reduce harm caused by domestic abuse to children, the Domestic Abuse Referral Process (DARP) was developed to provide a multi-agency response to referrals of domestic abuse where children are involved, and to offer early intervention and support to the victims and children.

The Multi-agency response team consists of representatives from the Police, CYPD, Health and CARP (Domestic Abuse Helpline for victims).

#### **Gangs and Youth Violence**

The dangers of becoming involved in 'gang culture and behaviour' are specifically addressed in assemblies and the PSHE curriculum

#### **Gender based violence against women and girls (VAWG)**

The dangers of becoming involved in 'VAWG' are specifically addressed in assemblies and the PSHE curriculum

#### **Trafficking**

Any child considered at risk of or experiencing 'trafficking' will be made know to the Children's Help Desk and police and support will be sought.

#### **Mental Health/Wellbeing**

This is addressed in the PSHE curriculum and assemblies. Our offer of early help supports this.

**Private Fostering.**

A private fostering arrangement is essentially one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative, with the intention that it should last for 28 days or more.

If we think a child in the educational setting is being privately fostered, the Designated person will make a referral to the Children and Families Helpdesk – 01452 426565. Social care will undertake an assessment of the private fostering arrangement which will include safeguard checks on the carers and contacting the child's parents. A worker will be allocated until the child is 16 and the arrangement will be monitored and reviewed and the young person visited on a regular basis. The GSCB runs workshops on private fostering explaining the legislation and the roles and responsibilities of parents, carers, and the agencies involved.

## **SAFEGUARDING: EARLY HELP AND INTERVENTION**

### **Children have said that they need:**

- ✓ Vigilance: to have adults notice when things are troubling them
- ✓ Understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon
- ✓ Stability: to be able to develop an on-going stable relationship of trust with those helping them
- ✓ Respect: to be treated with the expectation that they are competent rather than not
- ✓ Information and engagement: to be informed about and involved in procedures, decisions, Concerns and plans
- ✓ Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- ✓ Support: to be provided with support in their own right as well as a member of their family
- ✓ Advocacy: to be provided with advocacy to assist them in putting forward their views.

## **EARLY HELP AND INTERVENTION AT THE COTSWOLD SCHOOL:-**

### **PREVENTATIVE STRATEGIES:**

- ✓ A co-ordinated PSHE and Tutor programme which focuses on keeping safe, awareness of risk, e safety and anti-bullying, child sexual exploitation, sex and relationships education and healthy minds and lifestyles.
- ✓ The provision of individual programmes for vulnerable pupils when needed.
- ✓ An active and involved School Council and Year Group council expressing pupil views and pupils actively participating in the e safety/anti bullying committee
- ✓ Early identification of vulnerable pupils
- ✓ Rigorous monitoring and reviewing by the Pastoral team through a weekly pastoral review report and meeting with SLT

### **EARLY HELP AND INTERVENTION:**

- ✓ Coaching and Mentoring from Form tutors, Head of Year/ Assistant Head of Year
- ✓ SLT Mentoring
- ✓ Teaching Assistant Mentoring
- ✓ Support from SENCO/ ASSISTANT SENCO
- ✓ Referral to School Mentor or School Counsellor
- ✓ Support from the Inclusion Manager
- ✓ Support from the e safety Lead Professional/ EWO
- ✓ Support from the School nurse

### **MULTI AGENCY APPROACH:**

The Cotswold School has always worked closely with other agencies to safeguard and help children taking a multi-agency approach to best meet children's needs. The following are agencies who we work closely with:-

- ✓ Advisory Teaching service
- ✓ SEND Monitoring and Reviewing Team
- ✓ Educational Psychology Service
- ✓ Education Performance and Inclusion Team
- ✓ Families First
- ✓ Teens in Crisis
- ✓ CYPS
- ✓ Youth Support Service

- ✓ NHS – GPs, Paediatric Consultants, Health Specialists
- ✓ Police/ Youth Offending service

## **GUIDELINES IN THE EVENT OF A CONFIDENTIAL DISCLOSURE**

### **DO NOT**

- ✓ Jump to conclusions
- ✓ Look horrified and say something speculative
- ✓ Try to get the child to disclose
- ✓ Accuse anyone
- ✓ Ask any leading questions whatsoever
- ✓ Make promises you cannot keep

### **DO**

- ✓ Be accessible and receptive
- ✓ Listen carefully and ask open questions to clarify (e.g. who, what, when, where, how)
- ✓ Take it seriously
- ✓ Reassure the child they are right to tell
- ✓ Negotiate getting help
- ✓ Explain- that you cannot personally protect them - but will support them in telling the right people to make sure it does not happen again and that you will have to tell someone else
- ✓ Report all suspicions or disclosures immediately
- ✓ Make careful records of what was said immediately for possible court action

## **STAGES OF REFERRAL FOR EDUCATIONAL SETTINGS**

### *Professional has concerns*

If a Professional has a concern about the wellbeing of a child (or unborn baby), then that professional should

### *Consultation with supervisor*

Share their concern with their supervisor/line manager/designated teacher or named professional to help clarify the nature of their concerns

### *Completion of a written record*

Complete a written record of the nature and circumstances surrounding the concern including any previous concerns held

### *Contact social workers for advice*

In those cases where you have a concern but are unsure about how to proceed contact the Children's Help Desk Tel: 01452 426 565 and ask to speak to a social worker practitioner

### *Contact the children's helpdesk*

In those cases where you are clear a social worker assessment is required make a referral to the Children's Help Desk Tel: 01452 426 565 (24 hours), immediately if the concerns are about physical injury or sexual abuse.

The CYPD social care section will then take responsibility for managing any subsequent enquiries. The referrer should confirm the details of the concern to CYPD, in writing, within 48 hours.

### *Resolving professional Differences (escalation policy)*

Remember to use the 'resolution of professional difficulties (escalation) procedures if you are left feeling that the response from social care has not addressed your concerns for the child.

Advice about procedural issues including using the resolving professional differences procedures can be obtained through the Safeguarding Children Service on 01452 583629

For out of hours social work advice please contact the Emergency Duty Team on 01452 614194

**FOR FURTHER ADVICE LOG ON TO THE GLOS CP PROCEDURES AT [WWW.GSCB.ORG.UK](http://WWW.GSCB.ORG.UK)**

## **EXTERNAL AGENCIES & SOURCES OF INFORMATION/SUPPORT:**

### **Multi Agency Public Protection Arrangements (MAPPA)**

Occasionally an educational setting may need to be involved in the assessment and management of a high risk offender e.g. where there are concerns about a sex offender having an association of some kind with the setting or where there are serious concerns about violence against a child/young person.

The multi-agency public protection arrangements ensure the assessment and management of offenders who are required to register as convicted sex offenders, violent offenders who receive a prison sentence of 12 months or more, and other offenders who are assessed as posing a high risk of serious harm. The assessment of serious harm includes risk to: children, known adults, public, staff, self.

The police, probation and prison service are the lead agencies, with other agencies including CYPD/Education settings, having a statutory duty to cooperate.

Multi-agency meetings are convened to share relevant information and produce a plan on how the identified risks can be managed. These meetings are similar in format to child protection conferences, however, the offender will not always be aware that the meetings are taking place and will not be invited to attend.

The multi-agency public protection arrangements are overseen by a Strategic Management Board. Membership includes the Lead for Child Protection from CYPD. There are links between the Multi-Agency Public Protection Arrangements and the GSCB. A MAPPA report is produced annually and can be obtained from the Home Office website, ([www.probation.homeoffice.gov.uk](http://www.probation.homeoffice.gov.uk))

Further information / queries can be obtained from the: MAPPA Manager 01242 247975.

### **Multi Agency Risk Assessment Conference (MARAC)**

MARAC meetings are held in county fortnightly to discuss high level incidences of domestic abuse. Meetings are held in 4 localities: Cheltenham and Tewkesbury, Gloucester, Forest, Stroud & Cotswolds.

The purpose of MARACs are 'to share information to increase the safety, health and well-being of victims - adults and their children, to construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm.'

Please see [www.caada.org.uk](http://www.caada.org.uk) for more information about the process and to view the *Education toolkit for MARAC*.

At time of publication, Education Representatives do not attend any of the four MARACs. Instead if the MARAC decides to disclose to the school in question, the action will be for the Health Representative to disclose and inform the School Nurse with the relevant information agreed at MARAC. The School Nurse may then disclose to the School, by way of the Designated Child Protection Officer or offer the support directly to the child. However Gloucestershire Police are working with the GSCB to improve this procedure and ensure that educational settings are represented themselves at MARACs.

Under the current MARAC process, should a DSL within a school want to know whether a child has been known to a MARAC meeting, it is the responsibility of the DSL to make those enquiries with the Central Referral Unit at Gloucestershire Public Protection Bureau, 01242 247999, [cruenquiries@gloucestershire.pnn.police.uk](mailto:cruenquiries@gloucestershire.pnn.police.uk)

For any more information on this process please contact Faye Kamara- Strategic County Domestic Abuse and Sexual Violence Co-ordinator, [faye.kamara@gloucestershire.pnn.police.uk](mailto:faye.kamara@gloucestershire.pnn.police.uk) or 01242 247933

## **SITE SAFETY AND SECURITY**

**Please ensure that any visitors invited into the school sign in at reception and that a visitors badge is worn at all times - the visitors badge contains all key safety information. Staff will wear 'STAFF' identity badges.**

### **Trespassers on Site**

#### **If staff are aware of trespassers on site**

- Please contact a member of the SLT as a matter of urgency, directly or via the Main Office (Students can be used to take a message if necessary)
- Try and remain relaxed (both in body language and tone of voice) Do not be confrontational
- If a threatening situation appears to be developing do try and approach with extra members of staff

\_\_\_\_\_(7 Oct 2020)  
ratified by Governors and  
signed as such by the Chair of Governors

This policy is written and administered with due regard to our duty and commitment as a school: to consider all aspects of equality and diversity.